

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

						SERIAL NO.		FILING DATE		
						APPLICANT(S)				
						CLAIMS				
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.				IND.
1	1						51			
2		1					52			
3		1					53			
4		1					54			
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44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	5									
TOTAL DEP.	2									
TOTAL CLAIMS	3									